STATEMENT OF

RECEIVED 7

FORM 1		ORGANIZATION				FEG. MALL, CENTER		
NAME OF COMMITTEE (in	n full)		eck if name hanged)		nple:If typing, type the lines.	12FE4M		
UNITED S	TATE	S SEN	ATE CA	MP/	IGN FUND	FOR F	PENNSY	ĻVĄŅIĄ
				111				
ADDRESS (number a	ind street)	PO B	OX 681	337			1111	
(Check if addresa is changed)		MAM	•			FL	33168	<u></u>
				CITY		STATE	ZIP	CODE
COMMITTEE'S E-MA	address	·	· _	_	tress) gnFundPA(Çs@gm	ail,com	
COMMITTEE'S WEE	B PAGE AD	DRESS (URL)					
(Check if is change		L		1-1-1-				
2. DATE 10) [*] ′ 4	°′ ŽO ′1	lŽ [*]					
3. FEC IDENTIFIC	CATION N	UMBER	С					
4. IS THIS STATE	MENT 2	NEW (N) OR	.[AMENDED (A)			
I certify that I have Type or Print Name		STA	and to the be	-	knowledge and belief in	t is true, corre	ct and complete).
Signature of Treasur	er	Stanl	Ga Ca	les		Date 1	0° ′ 04°	′ 20 ′12
NOTE: Submission of	false, error		-	•	ojednithe person signing OULD BE REPORTED W		•	of 2 U.S.C. §437g.
Office Use					For further Information of Federal Election Commiss		FEC F	ORM 1